Department of Health and Family Services

Pharmacy NewsCapsule

Division of Supportive Living (DSL)/Bureau of Quality Assurance (BQA) Nov/Dec 2002

Medication Administration Instructions

Doug Englebert, Pharmacy Practice Consultant PRQI

In a world of technology, very often computer generated medication administration records (MARs) will contain specific information on how to administer medications. The MAR lists medications the patient is receiving and provides spaces for nurses and others to document when a medication is given.

Many times ancillary medication instructions are automatically generated on the MAR by the computer and are not specific to the individual. Therefore, the ancillary instructions may or may not be appropriate for the particular patient or resident.

As surveyors you are very often asked to evaluate medication administration done in the facility. Sometimes nurses will follow the ancillary instructions on the MAR and sometimes they do not. As a surveyor you need to evaluate if following the MAR instructions was appropriate for the individual. To do this look at the physician's order. Some physician orders will specify how the medication was to be administered, i.e. "give on an empty stomach". In absence of a physician's order, look at the drug manufacturer's guidelines. These guidelines may require the drug to be given on an empty stomach in order to be effective. In other situations the guidelines are recommendations that can be followed but are not necessary. In these situations you need to evaluate the individual concerns to determine if the nurse should have followed the ancillary instructions.

For example, a common ancillary MAR instruction may state "give with food." The physician's order may not specify this and the manufacturer guideline indicates giving the medication with food is not required. However, the instruction may be appropriate and recommended if a patient or resident is not tolerating the medication on an empty stomach. If a nurse has given the medication on an empty stomach, check in the resident/patient history to see if the patient has a pattern of problems taking the medication without food. If there is a problem, the ancillary instruction to give the medication with food should have been followed. In most cases the ancillary instructions need to be followed; however, exceptions will occur. Do not assume that the ancillary instructions on the MAR must always be followed.

Pharmacy Newsclips

Doug Englebert
Pharmacy Practice Consultant PRQI

- Did you hear on the news recently that there is a breakthrough treatment for Parkinson's disease? You may have heard that the new treatment is coenzyme Q-10. In this article I would like to provide you with some information on coenzyme Q-10 as it relates to Parkinson's disease. Coenzyme Q-10 is available over-the-counter as a nutritional supplement without a prescription and therefore is not covered by most insurance. In the study cited on the news, very high doses of coenzyme Q-10 was shown to slow the progression of Parkinson's. The safety of these high doses is still unknown. This news regarding coenzyme Q-10 is exciting and patients or family members may start asking questions. As surveyors you probably will not see coenzyme Q-10 being used extensively due to its cost and unknowns about safety.

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Inside This Issue

New Drugs

Doug Englebert Pharmacy Practice Consultant PRQI

Brand Name	Generic Name	Use
Abilify	Aripiprazole	Antipsychotic for schizophrenia
Hepsera	Adefovir	For treatment of hepatitis B
Inspra	Eplerenone	For treatment of hypertension
Zetia	Ezetimibe	Inhibitors of cholesterol.
Lexapro	Escitalopram	Antidepressant
Metaglip	Glipizide/ metformin	Treatment for type 2 diabetes
Suboxone	Buprenorphine/ nalaxone	For opiate addiction
Subutex	Buprenorphine	For opiate addiction
Altocor	Lovastatin	For high cholesterol

Med Error Corner

Doug Englebert Pharmacy Practice Consultant

Medication errors stemming from unlabeled medications are well documented. Errors have occurred in the operating room where medications were put in unlabeled medication cups. Other errors can occur when unlabeled medications are drawn up at bedside and are administered incorrectly.

Medication labeling should always be done. Having a pharmacy label all products allows quality control and consistency. However, pharmacy staff may not always be available in situations where medications are drawn up in the operating room or at bedside. In these cases a facility should have a policy to assure medications are labeled. A good label will contain the name of the drug, strength or concentration of the drug, and when the drug is prepared. Other items that may be included on the label are the initials of the person who prepared the medication, expiration date, and lot numbers.

As surveyors, occasionally you will come across medications that are unlabeled. You should thoroughly investigate these situations due to concerns for patient's safety.

Focus Drug of the Month

Doug Englebert
Pharmacy Practice Consultant PRQI

Subutex®, buprenorphine
Suboxone®, buprenorphine/ naloxone

Subutex® and Suboxone® are two new sublingual tablets (dissolved under the tongue rather than swallowed) for treating opioid dependence. Opioid addiction is extremely rare when opioids are used for pain. However, when opioids are used illegally or inappropriately, addiction does occur and these medications offer a new accessible solution for treatment. The Drug Addiction Treatment Act of 2000 has opened the door for outpatient addiction therapy and Subutex® and Suboxone® maybe used in many of these situations.

Subutex® contains the opioid buprenorphine, which prevents withdrawal symptoms from heroin and other opioids. Patients will start on Subutex® for a couple of days and then will be switched to Suboxone® for maintenance treatment.
Like Subutex®, Suboxone® contains buprenorphine to prevent withdrawal, but also contains naloxone to prevent intravenous abuse of buprenorphine. Suboxone® is not used initially because the naloxone component can cause opioid withdrawal symptoms.

Most individuals will take 12 to 16 mg. per day of buprenorphine. This drug must not be swallowed but rather is dissolved under the tongue.

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- Generic vs. Brand. There are a lot of misconceptions surrounding generic medications. The Food and Drug Administration (FDA) approves generic medications. Generic medications meet specific standards in order to be rated equivalent to the brand medication. The FDA approves generic medications if the average rate and extent of absorption is within 80-125% of the brand product. The actual measured variation between most generics and brands is 3.5% and almost 80% of all generic medications are made by brand name manufacturing companies.
- Hiccups. What medications are used for hiccups? Chlorpromazine is the only FDA-approved medication for hiccups. Occasionally, haloperidol is used; however, evidence of its effectiveness is questionable. Metoclopramide, gabapentin, baclofen, phenytoin, valproate and carbamazepine all have been used with success but also have limited published evidence of effectiveness. There are significant concerns about long term use of most of these medications, especially with the elderly. Therefore, in most cases use beyond 7 consecutive days should be thoroughly evaluated.
- Methadone. There may be a renewed use of methadone for treating pain due to the low cost of methadone in comparison to other long acting opioids, as mentioned in a previous newsletter. The article pointed out concerns about experience with dealing with the dosing of methadone, including titration. This is a reminder that the elderly, patients with heart disease, women and patients with decreased renal function may be at increased risk of arrhythmias. Facilities who have physicians using methadone for pain should be aware of the arrhythmia potential and the need to evaluate individual resident risk.
- Abilify (aripiprazole) is a new antipsychotic that will be available soon. This medication is different then the other antipsychotics on the market, therefore potentially creating a third class of antipsychotics. Watch the next newsletter issue under Focus Drug as more information will be provided on this medication.

Capsule Quiz

Answers from Wisconsin surveyors are accepted until December 30, 2002. A winner will be randomly drawn from the correct answers.

When you hear the term “anticholinergic,” what adverse effects come to mind that would be a concern for the elderly?

Patricia Stone won the Capsule Quiz for the July/August Issue. Kathleen Healy won the Capsule Quiz for the Sept/Oct Issue. Congratulations!

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Focus Drug of the Month

Patients taking these medications should avoid alcohol and drugs that cause drowsiness.

These medications are metabolized or broken down by the liver. Therefore Subutex® and Suboxone® may have drug interactions with many medications. Providers should be cautious about drug interactions with fluoxetine, fluconazole, erythromycin, HIV medications, and other medications.

Physicians will be allowed to prescribe these medications on an outpatient basis for addiction treatment. Physicians will be required to be certified to prescribe Subutex® and Suboxone®. Pharmacists will be looking for two numbers on the prescription to verify if the physician is certified. This is a very different system than is currently set up for methadone prescription and dispensing.

Claritin®

Claritin® has just been approved to be sold over-the-counter. This means it will soon be available on store shelves without a prescription. The dose available is the same that was available with a prescription. Rumor has it a month's supply will cost approximately $30.

If there are medications you would like featured in this column, please send an email to Doug at engleda@dhfs.state.wi.us

Consultant's Corner

Doug Englebert *Pharmacy Practice Consultant PRQI*

This section will appear in each issue and will contain information that will answer your questions. If there is a topic about which you want more detailed information, please drop me an email at engleda@dhfs.state.wi.us and I'll research the topic.

1. If the expiration date on a medication is 12/2002 does it expire 12/1/2002 or 12/31/2002?

   When a medication is labeled only with a month and year the actual expiration date is the last day of the month. Therefore, the labeled 12/2002 expiration date would be 12/31/2002.

2. In nursing homes, when the quality indicator of nine or more medications is flagged, what should we be doing?

   The quality indicator of nine or more medications alerts nursing home surveyors of the potential increase in drug-drug interactions. In most cases the individuals who are receiving nine or more medications are receiving them appropriately and the benefit of the medications is outweighing the risk. Occasionally a resident on nine or more medications will be experiencing side effects due to drug-drug interactions and surveyors should investigate the interactions to determine if the facility is addressing the adverse effects.

3. When a doctor orders a nasal spray to be administered with two sprays in each nostril, do you have to wait one minute between sprays like you do for oral inhalers?

   Just like ointments and creams that usually affect only the area where they are applied, nose drops and nasal sprays are meant to treat or be absorbed directly in the nasal sinuses. Therefore, the nasal spray does not need to reach another area like an oral inhaler. Oral inhalers work in the lungs so the drug has to go through the mouth and windpipe to reach the lungs. That requires the person to thoroughly breathe in the medication, therefore the need for the one-minute period between sprays. In addition, the nasal sinuses, in comparison to the eye, have a large capacity to hold medication. Therefore, unlike the eye where you need to wait for the drop to be absorbed to allow room for the next drop, the nasal passage will hold more, eliminating the need to wait. These two considerations, local effect and large capacity, allows multiple sprays to be administered without waiting any <u>specific time</u> between sprays. No specific waiting period between sprays of a nasal spray are required. You still need to allow the patient time to "sniff" the medication. This is a general rule and is not always the case. Please check the physician's order and manufacturer's guidelines for any specific instructions.

4. For nursing home pharmacist drug reviews, what is considered a sufficient action to meet the requirement that the pharmacist report must be acted upon by the attending physician and director of nursing (DON)?

   The regulation that addresses this issue is 42 CFR 483.60(c)(2). This regulation relates to tags F429 and F430 and states "the pharmacists must report any irregularities to the attending physician, and director of nursing, and these reports must be acted upon." Many pharmacists will use various types of forms or reports and in many facilities the attending physician and DON will sign these reports to signify they have "acted upon" them. However in some cases the action on the reports may be contained in the physician notes, physician orders, and nursing notes. To verify if the physician or DON has acted, please check these areas.

   Also, occasionally the question comes up as to how soon the physician or DON have to act on the reports after the report are disseminated. . The time usually depends on the issue covered in the report. In critical situations pharmacists may need to make immediate contact with the physician or DON and obtain an immediate response to their report. In other cases the items in the report may not need any action until the next physician visit, which may be in 30 or more days. When citing F430, please keep in mind that there is no time frame required in which the report must be acted upon. Make sure to collect evidence that shows patterns where reports are not being acted upon and include examples of irregularities that should have had a physician or DON action.

References are available upon request.